



DR

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Arnold P. Nerenberg

Group Art Unit: 3629

Serial No.: 10/767,527

Examiner:

Filed: 01/22/2004

Docket No.: NERE-3817

Title: **ASSESSMENT OF A PHYSICAL EXERCISE FACILITY**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION TO MAKE SPECIAL UNDER 37 C.F.R. § 1.102(c)

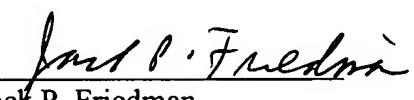
Dear Sir:

This is a Petition to Make Special the above identified patent application. The basis for this petition is that the applicant is over sixty-five years of age.

In accordance with MPEP 708.02(c)(1), a certified copy of applicant's birth certificate is attached.

In view of the above, applicant requests that this Petition to Make Special be granted and the examination of the application be advanced.

Date: 06/01/2006



Jack P. Friedman
Registration No. 44,688

SCHMEISER, OLSEN & WATTS
22 Century Hill Drive - Suite 302
Latham, New York 12110
(518) 220-1850

CITY OF NEW YORK

BUREAU OF VITAL RECORDS

DEPARTMENT OF HEALTH

Date:

MAR 30 1976

DEPARTMENT OF HEALTH
BOROUGH OF BRONXFILED
1941 MAY 20 PM 9:35

APPLICATION FOR Birth

Certificate No.

3389

Full name of child (Given)

(Child)

Last name
MICHAELE PEARL RYC1. Color or race
2. Number of children born
of this pregnancy
3. If more than one number of
this child in order of birth4. Date of
child's
birth
Month Day Year
May 16 19415. Hour
AM
5:066. USUAL RESIDENCE
OF MOTHER:
(a) State: NEW YORK
(b) City: BRONX
(c) Town: BRONX
(d) No. 918 Home
(e) Length of residence or stay in New York
City immediately prior to birth of child 17 years7. Full
residence
name: ERNESTINE MINGER8. Color
or race: White
9. Age at time
of this birth: 21 (years)10. Birthplace
(City or place and
State or country): United States11. Trade, profession or particular
kind of work done as spinner
lawyer, bookkeeper, etc.
Pressman12. Industry or business in which
work was done as silk mill
weaver, name, etc. Factories13. Number of children born PREVIOUS
to this pregnancy and NOW LIVING14. I hereby certify that I attended professionally at the birth of this child
and that the certificate copy report of birth are true to the best of my knowledge, information and belief.Name added from: MAY 23 1941
Supplementary report: ERNESTINE MINGERSignature: ERNESTINE MINGER
Address: 918 BRONX HOSPITAL

Date of Report: MAY 23 1941

REVIEW OF RECORDS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

I do certify that the foregoing is a true copy of a record in my custody.

Signature: ERNESTINE MINGER

CITY REGISTRATION

The Department of Health does not certify to the truth of the statements made herein, as no inquiry as to
other facts has been made.

BEST AVAILABLE COPY